

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
 FY2018-2019 GROUP INSURANCE PREMIUM RATES
STATE POLICE RETIREMENT – MONTHLY RATES – EFFECTIVE OCTOBER 1, 2018

For State Police Enlisted Retirees in the Defined Benefit (DB) Retirement Plan

Note: Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps to determine eligibility by visiting www.mi.gov/employeebenefits then select "Retiree Information" from the right hand menu.

Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
BCBSM State Health Plan PPO - w/o Medicare	Self	\$43.62	\$828.82	\$872.44	\$899.89
	Self and Spouse	\$87.24	\$1,657.64	\$1,744.88	\$1,779.77
	Self and Child(ren)	\$54.95	\$1,044.01	\$1,098.96	\$1,120.94
	Self, Spouse and Child(ren)	\$100.99	\$1,918.91	\$2,019.90	\$2,060.29
BCBSM State Health Plan PPO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.00	\$457.44	\$457.44	\$466.59
	Self and Spouse	\$0.00	\$914.90	\$914.90	\$933.20
	Self and Child(ren)	\$0.00	\$683.98	\$683.98	\$697.66
	Self, Spouse and Child(ren)	\$0.00	\$1,189.96	\$1,189.96	\$1,213.76
BCBSM State Health Plan PPO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$0.00	\$1,329.88	\$1,329.88	\$1,356.48
	Self w/ Medicare, Spouse w/o Medicare	\$0.00	\$1,329.88	\$1,329.88	\$1,356.48
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$0.00	\$1,604.93	\$1,604.93	\$1,637.03
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$0.00	\$1,604.93	\$1,604.93	\$1,637.03
State Dental Plan	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$4.67	\$42.04	\$46.71	\$47.64
	Self and Spouse	\$8.51	\$76.60	\$85.11	\$86.81
	Self and Child(ren)	\$10.40	\$93.56	\$103.96	\$106.04
	Self, Spouse and Child(ren)	\$14.24	\$128.13	\$142.37	\$145.22
State Vision Plan	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.54	\$4.87	\$5.41	\$5.52
	Self and Spouse	\$0.88	\$7.93	\$8.81	\$8.98
	Self and Child(ren)	\$1.23	\$11.09	\$12.32	\$12.56
	Self, Spouse and Child(ren)	\$1.57	\$14.14	\$15.71	\$16.02
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$218.85	\$828.82	\$1,047.67	\$1,068.62
	Self and Spouse	\$437.72	\$1,657.64	\$2,095.36	\$2,137.27
	Self and Child(ren)	\$276.07	\$1,044.01	\$1,320.08	\$1,346.48
	Self, Spouse and Child(ren)	\$511.72	\$1,918.91	\$2,430.63	\$2,479.24
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.00	\$340.68	\$340.68	\$347.49
	Self and Spouse	\$0.00	\$681.36	\$681.36	\$694.99
	Self and Child(ren)	\$0.00	\$615.76	\$615.76	\$628.08
	Self, Spouse and Child(ren)	\$0.00	\$956.44	\$956.44	\$975.57
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$68.80	\$1,329.88	\$1,398.68	\$1,426.65
	Self w/ Medicare, Spouse w/o Medicare	\$68.80	\$1,329.88	\$1,398.68	\$1,426.65
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$68.84	\$1,604.93	\$1,673.77	\$1,707.25
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$68.84	\$1,604.93	\$1,673.77	\$1,707.25

Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/o Medicare	Self	\$406.63	\$828.82	\$1,235.45	\$1,260.16
	Self and Spouse	\$813.27	\$1,657.64	\$2,470.91	\$2,520.33
	Self and Child(ren)	\$512.67	\$1,044.01	\$1,556.68	\$1,587.81
	Self, Spouse and Child(ren)	\$873.22	\$1,918.91	\$2,792.13	\$2,847.97
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.00	\$346.82	\$346.82	\$353.76
	Self and Spouse	\$0.00	\$693.64	\$693.64	\$707.51
	Self and Child(ren)	\$0.00	\$668.05	\$668.05	\$681.41
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$0.00	\$1,014.87	\$1,014.87	\$1,035.17
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$252.39	\$1,329.88	\$1,582.27	\$1,613.92
	Self w/ Medicare, Spouse w/o Medicare	\$252.39	\$1,329.88	\$1,582.27	\$1,613.92
Physicians Health Plan - HMO - w/o Medicare*	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$298.57	\$1,604.93	\$1,903.50	\$1,941.57
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$298.57	\$1,604.93	\$1,903.50	\$1,941.57
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$473.98	\$828.82	\$1,302.80	\$1,328.86
Priority Health Plan HMO - w/o Medicare	Self and Spouse	\$947.94	\$1,657.64	\$2,605.58	\$2,657.69
	Self and Child(ren)	\$597.00	\$1,044.01	\$1,641.01	\$1,673.83
	Self, Spouse and Child(ren)	\$1,097.45	\$1,918.91	\$3,016.36	\$3,076.69
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Priority Health Plan HMO - w/ Medicare Parts A&B	Self	\$435.62	\$828.82	\$1,264.44	\$1,289.73
	Self and Spouse	\$868.71	\$1,657.64	\$2,526.35	\$2,576.88
	Self and Child(ren)	\$547.54	\$1,044.01	\$1,591.55	\$1,623.38
	Self, Spouse and Child(ren)	\$1,011.56	\$1,918.91	\$2,930.47	\$2,989.08
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$6.85	\$457.44	\$464.29	\$473.58
	Self and Spouse	\$13.68	\$914.90	\$928.58	\$947.15
	Self and Child(ren)	\$326.04	\$683.98	\$1,010.02	\$1,030.22
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$284.35	\$1,189.96	\$1,474.31	\$1,503.80
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$0.00	\$1,289.04	\$1,289.04	\$1,314.82
	Self w/ Medicare, Spouse w/o Medicare	\$0.00	\$1,289.04	\$1,289.04	\$1,314.82
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$229.84	\$1,604.93	\$1,834.77	\$1,871.47
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$229.84	\$1,604.93	\$1,834.77	\$1,871.47

* This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.